New Mexico EMS: Special Skills Annual Report

Instructions:

1) *Each application requires one demographic sheet. Services with multiple special skills should attach additional skills report forms (Form B) to the demographic face sheet, one copy for each skill. All services must add one copy of Form C, (Training and Special Skills Report) for each EMS worker authorized to perform a special skill.*

   Your completed report consists of
   a) Demographic Facesheet (Form A)
   b) Skills Report forms, one for each special skill (Form B) including a copy of the protocol.
   c) One copy of the Training and Special Skills use report for each member of the EMS service who is authorized to use the special skill. (Form C)
   d) Letter of support from the Service Director and the Medical Director. Services with multiple special skills may submit one letter of support from the Service Director and the Medical Director, so long as each special skill is discussed in the body of the letter.

2) *Annual Reports must be submitted to the State Medical Director. During the first year, the report shall be due semi-annually, occurring on June 1 and December 1. Subsequent reports shall be due annually on June 1.*

3) *Services will read and remain in compliance with all special skills regulations. These can be found at: http://www.nmems.org/special_skills.shtml*

4) *Completed reports should be submitted both by mail (1 copy) and in .pdf format, sent to:*
   Charles Schroeder (charles.schroeder@state.nm.us) by the annual deadline date.
   Failure to file a report on time may result in action by the MDC. Submit the paper copy to:
   New Mexico Emergency Medical Services Bureau
   Attn: Special Skills
   1301 Siler Road, Building F
   Santa Fe, New Mexico 87507

<div align="center">**FORM A**
New Mexico EMS: Special Skills Annual Report</div>

Demographic Facesheet

☐ Semiannual report in the first year   ☐ Annual Report

For the period: (MM/YY) ___/___ to (MM/YY) ___/___

Service Name

Mailing Address:

Phone:

Best contact email address:

Service Director Name: ☐ Letter of Support Attached

Service Medical Director Name: ☐ Letter of Support Attached
Medical Director NM License Number:_____

Have the Medical or Service Directors changed since the last report was submitted? ☐ Yes ☐ No

Attestation: I have read and verified that all submitted information is true.

Medical Director   Date

Print Name

Service Director   Date

Print Name

Special Skill Report (Submit one copy of this report for each special skill request)

Special Skill Name:

Used to treat which condition:

Applies to which level of NM licensure: ☐ FR ☐ EMT ☐ EMT-I ☐ Paramedic

Copy of Protocol: (Required with each report)

☐ Protocol Attached

Statistical and Outcome Data Synopsis:

1. Is this special skill still actively being used by your service? ☐ Yes ☐ No

2. Number of times special skill was used during this reporting period: _____ *Total number must equal the total recorded on individual Training and Skills Use forms (Form C).*

3. Have there been any adverse reactions from the use of this special skill? ☐ Yes ☐ No

   a. If any adverse events, <u>detail in an attached letter</u>.

List of Personnel Authorized to Perform Special Skill (Include Level of Licensure):

☐ List Attached

Describe the Quality Assurance/Quality Improvement process used to monitor the use of this special skill:

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FORM C
New Mexico EMS: Special Skills Annual Report

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Training and Special Skill Use Report

Instructions: One copy of this page must be completed for each EMS worker authorized to perform each special skill. There must be one Form C for each worker/ skill. i.e. if a service has three authorized paramedics, each authorized to perform three special skills, a total of nine Form C's must be submitted.

Approved Personnel Name:
EMS Licensure Level:
Special Skill Reported:

Continuing Education directly applicable to the special skill attended by this EMS worker during this reporting period

Special Skill:

Date:	Description	Hours	Lab/Lecture	Instructor
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